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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214521067 | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> 1.) CORPORATION NAME: BETTER HOUSING COALITION 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JOHNSON KANADY III KANADY & QUINN 9200 FOREST HILL AVE STE C RICHMOND, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY 4.) STATE OR COUNTRY OF INCORPORATION: VA </div> <div style="width: 35%; text-align: right;"> DUE DATE: 4/30/2014 SCC ID NO: 03202413 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | |
| CLASS | AUTHORIZED | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: <div style="text-align: center;"> ADDRESS: P.O. BOX 12117 CITY/ST/ZIP: RICHMOND, VA 23241 </div> | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GRETA J HARRIS TITLE: PRESIDENT/CEO ADDRESS: P O BOX 12117 CITY/ST/ZIP/CO: RICHMOND, VA 23241 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: GRETA J HARRIS TITLE: PRESIDENT/CEO ADDRESS: P O BOX 12117 CITY/ST/ZIP/CO: RICHMOND, VA 23241 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WHEAT MCDOWELL TITLE: TREASURER ADDRESS: 10800 MIDLOTHIAN TURNPIKE SUITE 217 CITY/ST/ZIP/CO: RICHMOND, VA 23238 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: WHEAT MCDOWELL TITLE: TREASURER ADDRESS: 10800 MIDLOTHIAN TURNPIKE SUITE 217 CITY/ST/ZIP/CO: RICHMOND, VA 23238 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: WHEAT MCDOWELL TITLE: TREASURER ADDRESS: 10800 MIDLOTHIAN TURNPIKE SUITE 217 CITY/ST/ZIP/CO: RICHMOND, VA 23238 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: FRED A G BOLLING TITLE: SECRETARY ADDRESS: 2215 Q STREET CITY/ST/ZIP/CO: RICHMOND, VA 23223 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: FRED A G BOLLING TITLE: SECRETARY ADDRESS: 2215 Q STREET CITY/ST/ZIP/CO: RICHMOND, VA 23223 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LISSY BRYAN TITLE: IMMD PAST CHAIR ADDRESS: 4608 SULGRAVE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23221 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: LISSY BRYAN TITLE: IMMD PAST CHAIR ADDRESS: 4608 SULGRAVE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23221 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LISSY BRYAN TITLE: IMMD PAST CHAIR ADDRESS: 4608 SULGRAVE ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23221 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: LAURA D LAFAYETTE TITLE: VICE CHAIRMAN ADDRESS: 8975 THREE CHOPT ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: LAURA D LAFAYETTE TITLE: VICE CHAIRMAN ADDRESS: 8975 THREE CHOPT ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: LAURA D LAFAYETTE TITLE: VICE CHAIRMAN ADDRESS: 8975 THREE CHOPT ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23235 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN MCCANN TITLE: CHAIRMAN ADDRESS: 2520-B GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23238 </td> <td style="width: 10%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table> | | | NAME: JOHN MCCANN TITLE: CHAIRMAN ADDRESS: 2520-B GASKINS ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23238 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
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|-----------------|---------------------------------|----------------------------------|--|
| NAME: | NEIL AMIN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2000 WARE BOTTOM SPRING ROAD | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23230 | | |
| NAME: | RON BERTOLINI | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 6620 W BROAD ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23230 | | |
| NAME: | PHILIP A BROOKS | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 30 RIO VISTA LANE | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23226 | | |
| NAME: | REGINA CHANEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 626 E BROAD ST | | |
| CITY/ST/ZIP/CO: | SUITE 400 RICHMOND, VA 23219 | | |
| NAME: | ANTHONY CLARY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 5008 MONUMENT AVE | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23220 | | |
| NAME: | LAURA LEE GARRETT | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 2100 E CARY ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23223-7078 | | |
| NAME: | MARK GORDON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 13710 ST FRANCIS BLVD | | |
| CITY/ST/ZIP/CO: | MIDLOTHIAN, VA 23114 | | |
| NAME: | AMY L HOWARD | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | UNIVERSITY OF RICHMOND | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23173 | | |
| NAME: | ATMA IYER | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 15000 CAPITAL ONE DR | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23238 | | |
| NAME: | MONIQUE S JOHNSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 100 W FRANKLIN ST | | |
| CITY/ST/ZIP/CO: | SUITE 200 RICHMOND, VA 23220 | | |
| NAME: | PENNY J MCPHERSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1021 E CARY ST | | |
| CITY/ST/ZIP/CO: | RICHMOND, VA 23219 | | |

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|--|---|----------------------------------|--|
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | DOUG MORAN DIRECTOR 10307 W BROAD ST SUITE 167 GLEN ALLEN, VA 23060 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | WALTER J OBRIENJR DIRECTOR 300 N RIDGE RD #51 RICHMOND, VA 23229 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL J SCHEWEL DIRECTOR 901 E CARY ST RICHMOND, VA 23219 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SYLVESTER T SMITH DIRECTOR 1127 N 28TH ST RICHMOND, VA 23223 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | SCOTT UKROP DIRECTOR 201 W 7TH ST RICHMOND, VA 23224 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | TODD WALDO DIRECTOR 1920 E PARHAM RD RICHMOND, VA 23228 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO: | MICHAEL D WHITLOW DIRECTOR 101 W COMMERCE RD RICHMOND, VA 23113 | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ GRETA J HARRIS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | GRETA J HARRIS, PRESIDENT/CEO PRINTED NAME AND CORPORATE TITLE | 4/23/2014 DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |